## TRANSMITTAL FORM

	Application Number	10/572,718
	Filing Date	3/21/2006
	First Named Inventor	Yoshiyasu Fujiwara
	Art Unit	4154
	Examiner Name	Manko Cheung
-	Attorney Docket Number	0388 060453

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	ENCLOSURES (check all that apply										
Fee Transmittal Form	Drawing(s)	After Allowance communication to TC									
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences									
Amendment / Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)									
After Final	Petition to convert to a Provisional Application	Proprietary Information									
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter									
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):									
Express Abandonment Request	Request for Refund										
Information Disclosure Statement	CD, Number of CD(s)										
	Landscape Table on CD										
Certified Copy of Priority	Remarks										
Document(s)  Reply to Missing Parts/											
Incomplete Application											
Reply to Missing Parts Under 37 CFR 1.52 or 1.53											
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650 .											
SIGNATU	RE OF APPLICANT, ATTORNEY, C	OR AGENT									
Firm Name The Webb Law	' Firm										
Signature	1 Tetrill										
Printed Name Alexander Detschelt											
Date August 12, 200	9 Reg. No. 5	50,261									
CERTIFICATE OF TRANSMISSION / MAILING											
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:											
Signature COO	X MUUUL										
Typed or printed name Lisa A. Mil	ler	Date August 12, 2009									

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known								
FEE TRANSMITTAL				Appli	Application Number 10/572,7			18					
			Filing	Filing Date 3/21/2006									
For FY 2009				First	First Named Inventor Yoshiyasu FUJIWA			ARA					
Applicant claims	small entity st	atus. See 37	CFR 1.27	Exam	Examiner Name Manko C			HEUNG					
					Art Unit 2454		1.000.1						
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Check Credit Card Money Order Other (please identify):													
Deposit Account	·		23-0		Deposit Account	·····		aw Firm					
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
	e fee(s) indica		derpayments o	f fee(c)		(s) indicated 1		pt for the f	filing fee				
	37 CFR 1.16		idei payments o	1 100(5)	Credit any	overpayment	S						
WARNING: Information on information and authorization	_	<del>-</del>	Credit card info	rmation sho	uld not be included on	this form. Pro	oviđe credit ca	rd					
FEE CALCULATION	(All the fees	s below are d	lue upon filing	g or may l	be subject to a su	rcharge.)	en, yn had op ei y 175 mae i breskende yn, mei de sellet sy'	elen arazaren 1961 - Leane a Specer Rac	omenta en socioni, il all'ini antino dell'all'all'incomenzati e con socioni di socioni di socioni di socioni d				
1. BASIC FILING, S		ND EXAMIN G FEES	NATION FEE SEARCI		EXAMINAT	TION FEES							
		mall Entity		nall Entity		mall Entity							
Application Type	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>		Fees Pa	aid (\$)				
Utility	330	82	540	270	220	110	-		and the second s				
Design	220	110	100	50	140	70	•						
Plant	220	110	330	165	170	85							
Reissue	330	165	540	270	650	325							
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2. EXCESS CLAIM I Fee Description	FEES						(1	Fee (\$)	Small Entity Fee (\$)				
Each claim over 20 (inc	cluding Reis	sues)						52	26				
Each independent clain	-	•	ies)					220	110				
Multiple dependent cla	ims							390	195				
<u>Total Claims</u> - 2	20 or HP	Extra Cla	rims <u>Fee</u>	<u>e (\$)</u>	Fee Paid (\$)				pendent Claims				
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3. APPLICATION S	•	mns para ror, rr	greater than 3.										
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See 35 U.S.C.	* * * * * * * * * * * * * * * * * * * *		•	Φ133 IOI 2	illan chilty) for ca	on additiona	i Do Silects	or traction	mereor.				
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4. OTHER FEE(S)	alfiaction	Φ12Λ foo (	no small antit	: diagonmt					Fees Paid (\$)				
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2-month Extension of Time  245													
SUBMITTED BY	11/			R	egistration No.								
Signature Alack While (Attorney/Agent) 50261 Telephone 4						ne 41	2-471-8815						
Name (Print/Type)	Alex Det	schelt				N. Prince	Date	Augus	t 12, 2009				